



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 9-1-10 to 10-17-10

1. Committee I.D. Number

150579

2. Committee Name

Joe F. Davis For
County Commissioner

5. Committee's Mailing Address

909 N. WENONA
BAY CITY, MI. 48706

Area Code and Phone 989 922-2240

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

4. Candidate Last Name

DAVIS

First Name

Joe

M.I.

F

4a. Office Sought Including District # or Community Served (If applicable)

4TH DISTRICT COUNTY Commissioner

4b. County of Residence

BAY

6. Treasurer's Name & Residential Address

Jodi L. Brayman
938 Palomino Way
Auburn, MI. 48611

Area Code & Phone

(989) 980-2866

7. Treasurer's Business Address

Jodi L. Brayman
938 Palomino Way
Auburn, MI 48611

Area Code and Phone (989) 980-2866

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Joe Davis
909 N. WENONA
BAY CITY, MI. 48706

Area Code and Phone 989-922-2240

9. TYPE OF STATEMENT

9a.



Pre-Election

OR

9b.



Post-Election

Pre-Election or Post-Election Statement relates to:



Primary



General



Convention



School



Special



Caucus

Date of Election, Convention or Caucus

11/2/10

9c.

Annual Statement (_____) Coverage Year)

9d.

Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e.

Dissolution of Candidate Committee

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Jodi L. Brayman

Type or Print Name

Signature

Date

10/21/10

Candidate

Joe F. Davis

Type or Print Name

Signature

Date

10-21-10



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 150579

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Joe F Davis For County Commissioner

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>1,425</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>1,425</u>	(18.) \$ <u>/</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>/</u>	(19.) \$ <u>/</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>1,425</u>	(20.) \$ <u>1,425</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>/</u>	(21.) \$ <u>/</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>/</u>	(22.) \$ <u>/</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>/</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>/</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>/</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>/</u>	(23.) \$ <u>/</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>/</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>/</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>/</u>	(24.) \$ <u>/</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>/</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>/</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>1,425</u>	
	(15.) = \$	<u>1,425</u>	
15. SUBTOTAL Add lines 13 and 14			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>0</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>1,425</u>	*



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150579
2. Committee Name Joe F. Davis for County Commissioner

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/12/10</u> Name & Address: <u>John Nyquist</u> <u>522 N. MADISON</u> <u>BAY CITY MI 48708</u>		\$ <u>25</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>SELF</u>		Click Here for Memo Itemization	
Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/12/10</u> Name & Address: <u>Darlene Krumholz</u> <u>1204 5TH ST.</u> <u>BAY CITY MI 48708</u>		\$ <u>25</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/12/10</u> Name & Address: <u>Vaughn Begick</u> <u>5353 LORRAINE CT</u> <u>BAY CITY MI 48706</u>		\$ <u>100</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/12/10</u> Name & Address: <u>Alvin Ortner</u> <u>11405 King RD.</u> <u>Frankenmuth MI 48734</u>		\$ <u>50</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____		Click Here for Memo Itemization	
Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 200-

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 150579
2. Committee Name Joe K. Davis For Congress

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/12/10</u>			
Name & Address: <u>Mark Japer</u> <u>1701 Mosher St.</u> <u>Bay City, MI 48706</u>				<u>\$ 50.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Bay County</u>				Click Here for Memo Itemization	
Business Address _____					
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/12/10</u>			
Name & Address: <u>Juel Grogan</u> <u>241 Donahue</u> <u>Bay City, MI 48706</u>				<u>\$ 25.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Lobbyist</u> Employer <u>J. Grogan & Assoc</u>				Click Here for Memo Itemization	
Business Address <u>241 Donahue Bch Bay City MI 48706</u>					
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/12/10</u>			
Name & Address: <u>Sandra Durussell</u> <u>2879 Queen Anne's Ct.</u> <u>Bay City, MI 48706</u>				<u>\$ 200.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO/CTO</u> Employer <u>Durussell Drs. Agency Inc.</u>				Click Here for Memo Itemization	
Business Address <u>3741 E. Wilson Rd. Bay City 48706</u>					
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/12/10</u>			
Name & Address: <u>Ray A. Schairer</u> <u>1008 Parkwood Ct.</u> <u>Bay City MI 48706</u>				<u>\$ 50.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____				Click Here for Memo Itemization	
Business Address _____					
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					

Page Subtotal \$ 550.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 150579
2. Committee Name Joe F. Davis for County Commission

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: <u>Mel-Sandy Graham</u> <u>900 W. Hart St.</u> <u>Bay City MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/12/10</u>	\$ <u>50.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>RN</u> Employer <u>Bay Regional Medical Center</u> Click Here for Memo Itemization			
Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 Name & Address: <u>Terrance J. Kelly</u> <u>1104 Bay Shore Dr.</u> <u>Bay City MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/12/10</u>	\$ <u>100.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>Retired</u> Click Here for Memo Itemization			
Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3 Name & Address: <u>Robert Bloenk</u> <u>111 N. Water St. Ste. 208</u> <u>Bay City MI 48705-5673</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/12/10</u>	\$ <u>95.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Click Here for Memo Itemization			
Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4 Name & Address: <u>Rick Rivard</u> <u>4464 W. Park Dr.</u> <u>Bay City MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/12/10</u>	\$ <u>100.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Gasline R&R</u> Employer <u>Consumers Energy</u> Click Here for Memo Itemization			
Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal \$ 275.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150579
2. Committee Name Joe F. Davis for County Commission

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/12/10</u>	
Name & Address: <u>Michael E. Wooley</u> <u>1811 Center Avenue</u> <u>Bay City</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>Lawyer</u> Employer <u>Brown Kendrick</u> Business Address <u>4301 Farr</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>25.00</u>	
		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10-12-10</u>	
Name & Address: <u>MATTHEW LANCE</u> <u>306 S JOHNSON</u> <u>BAY CITY, MI 48706</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>Supervisor</u> Employer <u>MPA Group NFP</u> Business Address <u>1217 S Euclid Bay 48706</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>25.00</u>	
		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/12/10</u>	
Name & Address: <u>EARL BOTA</u> <u>4649 CEDAR</u> <u>BAY CITY, MI 48706</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>EXECUTIVE MFG</u> Business Address <u>100 W MIDLAND ST BAY CITY 48706</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>25.00</u>	
		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/12/10</u>	
Name & Address: <u>Ken Grzegorzczuk</u> <u>2889 Queen Annes Ct.</u> <u>Bay City, MI 48706</u>			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>50.00</u>	
		Click Here for Memo Itemization	

Page Subtotal

125.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150579
2. Committee Name Joe F. Davis For County Commission

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/12/10</u>	
Name & Address: <u>Ivan Miller</u> <u>1251 W. Hampton Rd.</u> <u>Essex, MI 48732</u>		\$ <u>100</u>	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>Mort. Brkr.</u> Employer <u>Executive Mort.</u>		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/12/10</u>	
Name & Address: <u>Dave Dittenber</u> <u>12813 Hotchkiss Rd.</u> <u>Freeland, MI 48623</u>		\$ <u>100</u>	\$ <u>out</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Sales</u> Employer <u>Astra Zanecca</u>		Click Here for Memo Itemization	
Business Address <u>12813 Hotchkiss Rd. Freeland MI 48623</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/12/10</u>	
Name & Address: <u>Dave Dittenber</u> <u>12813 Hotchkiss Rd.</u> <u>Freeland, MI 48623</u>		\$ <u>50.00</u>	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>Sales</u> Employer <u>Astra Zanecca</u>		Click Here for Memo Itemization	
Business Address <u>SAMC. AS Above</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/12/10</u>	
Name & Address: <u>Dennis Porter</u> <u>1265 Orchard Dr</u> <u>Essexville, MI 48732</u>		\$ <u>25.00</u>	\$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal

275

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150579
2. Committee Name Joe F. Davis for County Commission

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>10-12-10</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>19</u>	5. Type of Fund Raising Activity <u>Meet & Greet</u>	6. Address and Name (if any) of the place where the activity was held. <u>KING RISK RESTAURANT</u> <u>1019 N. WATER</u> <u>BAY CITY 48708</u> <input type="checkbox"/> Private Residence
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7. Total Contributions 1,425
8. Other Receipts —
9. Gross Receipts (Add lines 7 and 8) 1,425
10. Total Cost of Event 146.01
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

FILED CO. CLERK
18TH JUDICIAL
CIRCUIT COURT
OCT 21 2 17 PM '10
BY CYNTHIA M. BLOK

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-1K), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.